## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04/28/2010</u>	Address:	300 Blk 2ND
Case #:	35F30472		Princeton, In
County:	<u>Gibson</u>		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all the Lithium Lithium Red Phe	nd: Location (bedroom, kitchen, open ain apply)  n/Ammonia Reaction(s):  osphorous/Iodine Reaction(s):  able Solvents: Camper  Reactive Metal (Lithium): Truck  rous Ammonia:  hloric Acid Gas Generator(s): Campe  ve Acid: Camper  ve Base: Camper/Truck  item and location): 2- One Pots/ Truck		
Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services  This report is to be faxed to the following agencies			
•	tment: Princeton	Fax: <u>812-3</u> Fax: <u>812-3</u>	
•	partment: Gibson County	Fax:	
Child Prote	ection Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Doug Humphrey Phone 812-867-2079			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.